CLAIMS ONLY

Application Number	Filing Date
10/628481	
Applicant(s)	

* May be used for additional claims or amendments

CLAIMS	AS FILED		AFTER FIRST AMENDMENT		AFTER SECOND AMENDMENT		*			*			*	
	Indep	Depend	Indep	Depend	Indep	Depend		Indep	Depend	Indep	Depend		Indep	Depend
1							51							
2							52		1					
3							53							
4							54							
5							55							
6							56							
7							57							
8							58							
9							59							
10							60							
11							61		3					
12							62							
13							63							
14							64							
15							65							
16							66							
17	1						67							
18							68							
19							69							
20							70							
21							71							
22							72							
23							73							
24							74							
25							75							
26							76							
27							77							
28							78							
29							79							
30							80							
31		3					81							
32		3					82							
33							83							
34							84							
35							85							
36							86							
37							87							
38							88							
39		1					89							
40							90							
41							91							
42							92							
43							93							
44							94							
45							95							
46							96							
47	1						97							
48		1					98							
49							99							
50							100							
Total Indep							Total Indep	2						
Total Depend							Total Depend	61						
Total Claims							Total Claims	63						